

## ***SCHEDULE OF BENEFITS***

**POLICYHOLDER:** Lincolnway Area Affiliation of Participating School Districts Employee Benefit Trust Fund

**PARTICIPATING EMPLOYER:** Lincoln-Way Area Special Education

**POLICY NUMBER:** F022645-0001

**EFFECTIVE DATE:** July 1, 2021 (Revised effective February 1, 2024)

**ANNUAL ENROLLMENT PERIOD:** 6/1-6/30

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**ELIGIBILITY: Division 14** All active Paraprofessional Support Staff, full-time Employees of the Participating Employer working in the United States of America who are Actively at Work for the Participating Employer and who have completed the Eligibility Waiting Period, if any. A full-time Employee is one who regularly works a minimum of 20 hours per week for the Participating Employer. Part-time, seasonal and temporary Employees of the Participating Employer are not eligible.

**Eligibility Waiting Period:**

|                            |      |
|----------------------------|------|
| Current <i>Employees</i> : | None |
| New <i>Employees</i> :     | None |

**Policyholder Contribution:**

|                                         |                 |
|-----------------------------------------|-----------------|
| Basic Life & AD&D                       | 100% of premium |
| <i>Supplemental Dependent Life</i>      | 0% of premium   |
| <i>Supplemental Life &amp; AD&amp;D</i> | 0% of premium   |

### **GROUP TERM LIFE INSURANCE**

***Employee Basic Life Benefit Amount*** \$30,000

***Employee Supplemental Life Benefit Amount*** Incremental selection from a minimum of \$25,000 to a maximum of \$100,000 in increments of \$25,000, not to exceed 5 times annual earnings

***Annual Earnings*** means *Your* gross annual income from the Participating Employer. It includes *Your* total income before taxes and any deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account. *Annual Earnings* does not include income received from commissions, bonuses, overtime pay, any other extra compensation, or income received from sources other than the Participating Employer.

Guarantee Issue Benefit Limit

*Employee Basic:* \$30,000

*Employee Supplemental:* the lesser of \$100,000 or 3 times annual earnings

*Spouse Supplemental:* \$20,000

Amounts in excess of the Guarantee Issue Benefit Limit are subject to satisfactory *Evidence of Insurability*

**Reduction of Benefits**

*Employee* Basic and *Employee Supplemental* Group Term Life benefits reduce by 50% on the July 1st coincident with or next following the employee's attainment of age 70. *Spouse* coverage terminates at age 70.

**Waiver of Premium**

|                                    |                                                                                                       |
|------------------------------------|-------------------------------------------------------------------------------------------------------|
| Waiver Eligibility                 | Totally Disabled prior to age 60 without interruption from the last date worked for at least 6 months |
| Insured Eligibility                | <i>Employee</i>                                                                                       |
| Maximum Waiver of Premium Duration | age 65                                                                                                |

**Accelerated Death Benefit (ADB)**

|                                       |                                                                                             |
|---------------------------------------|---------------------------------------------------------------------------------------------|
| Benefit Amount                        | 75% (75% is maximum in Illinois) Basic and <i>Supplemental</i> Term Life Insurance In force |
| Insured Eligibility                   | <i>Employee</i>                                                                             |
| Minimum Covered Life Insurance Amount | \$15,000                                                                                    |
| Maximum ADB Payment                   | \$500,000                                                                                   |
| Minimum ADB Payment                   | \$7,500                                                                                     |

**Portability**

|                              |                                             |
|------------------------------|---------------------------------------------|
| Benefit Eligibility          | Basic and <i>Supplemental</i> Life and AD&D |
| Insured Eligibility          | <i>Employee &amp; Spouse</i>                |
| Portability Benefit Duration | Age 70                                      |

**DEPENDENT TERM LIFE INSURANCE**

|                                  |                                                                                                                                                    |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Spouse</i> Benefit Amount     | <i>Supplemental</i> : An elected amount in increments of \$10,000 up to a maximum of \$50,000, not to exceed 50% the <i>Employee's</i> Life amount |
| <i>Child(ren)</i> Benefit Amount | <i>Supplemental</i> :<br>\$0 - Age live birth to 15 days<br>\$500 - age 15 days to 6 months<br>\$5,000 - age 6 months to 26 years                  |

**GROUP ACCIDENTAL DEATH & DISMEMBERMENT**

|                                                   |                                                       |
|---------------------------------------------------|-------------------------------------------------------|
| <i>Employee</i> Basic AD&D Coverage Amount        | \$30,000                                              |
| <i>Employee Supplemental</i> AD&D Coverage Amount | Equal to Your <i>Supplemental</i> Life Benefit Amount |

**Reduction of Benefits**

*Employee* Basic and *Employee Supplemental* Accidental Death and Dismemberment benefits reduce by 50% on the July 1st coincident with or next following the employee's attainment of age 70.

**Seat Belt Benefit**

10% of *Employee* Coverage Amount, to a maximum of \$25,000

**Air Bag Benefit**

5% of *Employee* Coverage Amount to a maximum of \$15,000

**Repatriation Benefit**

Actual costs to a maximum of \$2,000

**Education Benefit**

|                          |                                                                          |
|--------------------------|--------------------------------------------------------------------------|
| Benefit Amount           | 5% of <i>Employee Coverage Amount</i> , to a maximum of \$3,000 per year |
| Maximum Benefit Duration | Benefit payable for a maximum of four (4) years                          |
| Eligible Dependents      | Age live birth to age 19 years (23 if a full-time student)               |

**Day Care Benefit Amount**

|                          |                                                                        |
|--------------------------|------------------------------------------------------------------------|
| Benefit Amount           | 3% of <i>Employee Coverage Amount</i> to a maximum of \$2,000 per year |
| Maximum Benefit Duration | Six (6) Years                                                          |